



# Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

**Voucher Number : 01167896**

**Payee Name / Address:**

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK, TX 786802050

**USAS Doc Number :**

**TCode : AP-225-STD**

**Origin : ONL**

**Payee ID/Check/Mail : 1742757919/2/000**

Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$91,241.33  
Discount Amt Taken: \$0.00  
Payment Amount: **\$91,241.33**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 (Contract	\$91,241.33
ShipTo ID Non-HHSAS Cntrct ID 529-16-0132-00006 Te)						
1326						
Contract # 529-16-0132-00006						
Wkfc N						
Org PmtDt IC RC						
Invoice DT: 07/15/16 Reqt'd Pay DT: 12/29/16						
Inv Recv'd DT: 12/21/16 Pay Due DT: 01/20/17						
Service DT: 11/30/16 P O DT: 09/01/16						
Account	Entry Event	Fund	Dept	Program	Class	Budget Ref
1.1	762300	0001	MHTWG	1011P	03150	2017
Open Item Key:						
Conf:N						
Amount						\$91,241.33
Certified Amt: 0.00						

**Descriptive Legal Text (DLT Comments):**

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

DEC 23 2016

12/22/2016

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Kulkarni, Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

Health & Human Services  
Commission  
**PURCHASE VOUCHER**

STATE OF TEXAS

01167896

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency number <b>529</b>		3. Agency name <b>Health &amp; Human Services Commission</b>		4. Current document number	
5. Effective date		7. Original date		8. Doc agency <b>529</b>	
9. Texas Identification number <b>17427579192000</b>		10. PDT <b>RECEIVED</b>		12. Purchase Order number <b>0000096282</b>	
13. Document amount <b>\$91,241.33</b>		14. Payee name / address <b>The Heidi Group PO Box 2050 Round Rock, TX 78680-2050</b>		17. AGENCY USE	
18. SFX <b>001</b>		FY <b>7623</b>		Amount	
APRN		Fund		Invoice date	
DeptID/Speedchart <b>MHTWG</b>		Invoice number / Account Number		Invoice Received Date	
Requested Payment Date <b>3 days</b>		Interest Control		Reason Code	
18. SFX <b>001</b>		FY		Amount	
APRN		Fund		Invoice date	
DeptID/Speedchart		Invoice number / Account Number		Invoice Received Date	
Requested Payment Date		Interest Control		Reason Code	
18. SFX <b>001</b>		FY		Amount	
APRN		Fund		Invoice date	
DeptID/Speedchart		Invoice number / Account Number		Invoice Received Date	
Requested Payment Date		Interest Control		Reason Code	
19. SERVICE / DEL DATE <b>November 2016</b>		20. DESCRIPTION OF GOODS OR SERVICES <b>Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group</b>  <b>Program: Healthy Texas Women</b> <b>Contract Term: July 15, 2016 thru August 31, 2017</b> <b>HHSC Doc # 529-16-0132-00006</b> <b>Type of Entity: non profit corporation</b>		23. AMOUNT <b>91,241.33</b>	
24. VENDOR CERTIFICATION		Phone (Area code and number)		25. Entered by	
Vendor Contact Name <b>Carol Everett</b>		Phone (Area code and number) <b>512-255-2088</b>			
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.					
Agency contact/preparer SIGN HERE		Printed Name		Phone (Area code and number)	
Agency Approver SIGN HERE <b>Kim Relph</b>		Printed Name <b>Kim Relph</b>		Phone (Area code and number) <b>512-776-6443</b>	
				Date	

Form 4116 02/2015

*EW 12/21/14*

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & All	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>52900-7-0000096282</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Revision</b> 1 - 10/11/2016
			<b>Page</b> 1
			<b>Ship To:</b> Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

**Vendor:** 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

**Bill To:** Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

**Purchaser:** Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006  
Purchase Order Term: 7/15/2016 - 8/31/2017  
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73  
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

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Agency Contact: Camille Laosebikan  
Phone: 512-776-3561  
Email: Camille.laosebikan@hhsc.state.tx.us

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HHS-PCS Purchasing Contact: Carol Marshall, CTPM  
Phone: 512-406-2476  
Email: carol.marshall2@hhsc.state.tx.us

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PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2017	952-58	1.00	LOT	1,099,731.00000	1,099,731.00	09/22/2016
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**Schedule Total** 1,099,731.00

Contract ID: 529-16-0132-00006

Contract Line: 0 Release: 2

**Item Total for Line 1** 1,099,731.00

**Total PO Amount** 1,099,731.00

# Health & Human Services Commission

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			<b>Revision</b> 1 - 10/11/2016
			<b>Page</b> 2
			<b>Ship To:</b> Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

**Vendor:** 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

**Bill To:** Health & Human Services Commission  
Mail Code: 3600  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

**Purchaser:** Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

HEALTH & HUMAN SERVICES COMMISSION

## Negron,Elizabeth (HHSC)

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**From:** Relph, Kim H (HHSC)  
**Sent:** Wednesday, December 21, 2016 3:04 PM  
**To:** HHSC AP  
**Subject:** Voucher Approval - HTW - The Heidi Group 112016  
**Attachments:** November 2016 B-13H HHSC.xls; November 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls

This voucher is coded and approved for encumbered payment. Thank you.

*Kim Relph, Contract Specialist*

Health & Human Services, Austin TX  
Medical & Social Services Division  
Women's Health & Education Services  
Contract Support, Mail Code 1326  
phone: 512-776-6443

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**From:** HHSC Women's Health Services (WHS) Finance  
**Sent:** Friday, December 09, 2016 8:50 AM  
**To:** Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>  
**Subject:** FW: November Voucher and Form B13 H

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**From:** HTW Billing [<mailto:htwbilling@heidigroup.org>]  
**Sent:** Thursday, December 08, 2016 4:18 PM  
**To:** HHSC Women's Health Services (WHS) Finance <[WHSFinance@hhsc.state.tx.us](mailto:WHSFinance@hhsc.state.tx.us)>  
**Subject:** November Voucher and Form B13 H

Attached are our voucher and Form B13 H for the month of November.

Thank you and have a great day!

Toni Moman

Toni Moman

The Heidi Group

(512) 255-2088 | [toni@heidigroup.org](mailto:toni@heidigroup.org)

[www.heidigroup.org](http://www.heidigroup.org)